discontinuation or tapering of these agents clearly are needed.

Etanercept is approved for use in adult patients with psoriasis, and a clinical trial in pediatric patients is currently underway. Clinical experience in the 10 pediatric patients described here suggests that etanercept therapy may be efficacious and safe in pediatric patients with moderate to severe plaque psoriasis. In addition, etanercept therapy also improved joint symptoms in the patients who had concomitant psoriatic arthritis.

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This case series was investigator initiated.

Financial support for the manuscript was provided by Amgen Inc and by Wyeth Research.

The author wishes to thank Julia R. Gage for assistance in manuscript preparation.

Conflicts of interest: Dr Kress has received an honorarium for this case series.

He is on the speaker's bureau and is a consultant for Amgen.

He has not received research funds from Amgen and does not own Amgen stock.

Reprints not available from the author.

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doi:10.1016/j.jaad.2005.10.056

The treatment of pyoderma gangrenosum using etanercept

CASE REPORTS

Patient 1

To the Editor: After being treated unsuccessfully for several months at the wound clinic, a 44-year-old African American woman presented with a 5-month history of nonhealing, painful ulcers on her legs subsequent to what she stated were mosquito bites. This patient had a history of rheumatoid arthritis (rheumatoid factor +) and lupus erythematosus (antinuclear antibody +) since 1993. Her medications at the time of presentation included hydrochloroquine sulfate 200 mg twice daily, prednisone 5 mg once daily, and celecoxib 200 mg twice daily. Previous treatments for her leg ulcers included wet dressings and local wound care; neither was successful.

Physical examination revealed an ill-appearing woman in moderate distress with moonlike facies. She had multiple severe joint deformities involving her hands and feet (Fig 1, *A*). The patient was noted to require a wheelchair. On her lower extremities were several large, purulent ulcers with raised erythematous borders (Fig 1, *B*). Cultures obtained from the wounds revealed no evidence of bacterial growth. A glucose-6-phosphate dehydrogenase level was normal, and a purified protein derivative (PPD) was read as negative. On the basis of these findings, a diagnosis of pyoderma gangrenosum was made.

Initial treatment consisted of dapsone 100 mg once daily and prednisone 10 mg once daily. After 4 weeks, the lesions showed no clinical improvement. Etanercept therapy was then commenced using a dose of 25 mg subcutaneously 2 times per week. After 1 month of therapy, a 40% improvement in the ulcers was noted (Fig 2, *A*), and the patient's pain had resolved completely. In addition, her arthritis was 30% better, and she was able to walk without the use of her wheelchair. Two months after initiating therapy, most of the ulcers had healed completely (Fig 2, *B*), and her arthritis was 80% to 90% improved. At 4 months, all lesions had closed completely (Fig 2, *C*). The patient currently remains on etanercept therapy with no recurrence of pyoderma gangrenosum and with significant improvement of her joint symptoms.

Patient 2

A 48-year-old woman with a history of rheumatoid arthritis, hypothyroidism, nontraumatic deep vein thrombosis (DVT), and previous nonhealing skin lesions presented to the office complaining of a 2-week history of a rapidly expanding, painful ulcer on her right calf. She stated that the lesions began

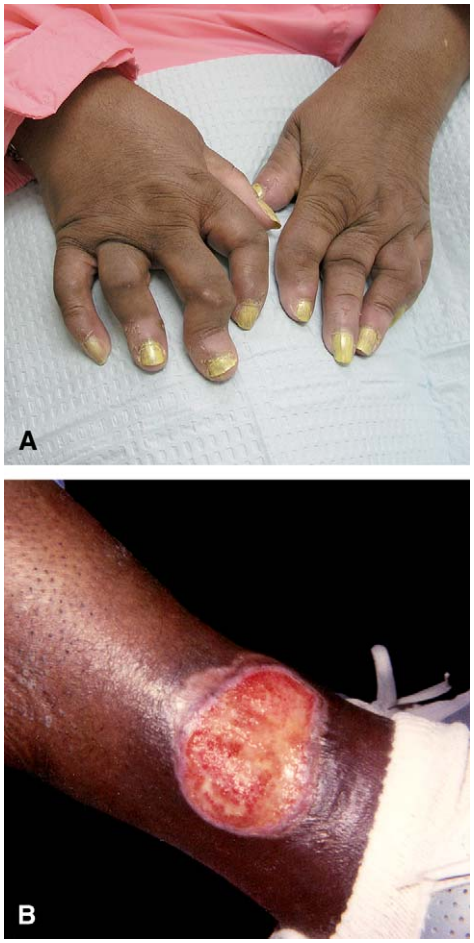

Fig 1. Patient 1. Joint deformities hands (**A**) and feet (**B**).

secondary to small injuries that had occurred previously. Although unaware of the name of her condition, she reported that previous lesions in the same area of the calf had been difficult to treat. The lesions had been unresponsive to oral antibiotics, and previous dermatologists had only minor success with oral corticosteroids and clofazimine. According to the patient, these lesions would often heal spontaneously off treatment, only to recur a short time later.

Examination revealed an 11 cm × 8 cm, ulcerated lesion of the right medial calf with raised, undermined borders and surrounding erythema. There was a central eschar and small amounts of clear to yellow exudate. Of note was a large area of surrounding cicatrix, indicating areas of previous lesions. A 2.5 cm × 2.5 cm ulcerated lesion of similar appearance also was noted on the left dorsal foot.

The patient was placed on 60 mg/d of oral prednisone and laboratory workup was initiated. Westergren sedimentation rate was elevated at 26 mm/h. Complete blood count, comprehensive metabolic profile, urinalysis, antinuclear antibodies, serum protein electrophoresis, thyroid-stimulating

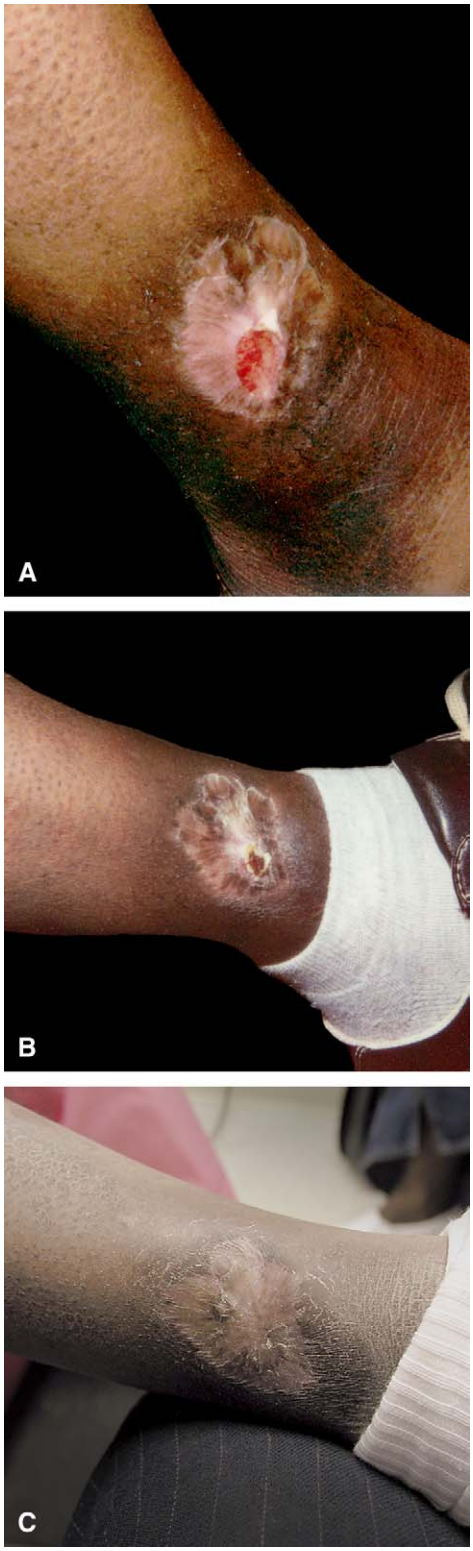

Fig 2. Patient 1. Improvement in ulcers after 1 month (**A**), 2 months (**B**), and 4 months of treatment (**C**).

hormone, venereal disease research laboratory test, C-antineutrophil cytoplasmic antibody, P-antineutrophil cytoplasmic antibody, and coagulation

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